

FILED MAR 7 - 1940

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 Hancock St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 57 yrs. years, months or days)

3. (a) PRINT FULL NAME Martin John Uhrmann.

3. (b) If veteran, name war X 3. (c) Social Security No. 498-07-7093

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Uhrmann. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 8th, 1864.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>26</u>	hr. <u>X</u> min.

9. Birthplace Unknown. Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe-worker.

11. Industry or business X

12. Name John Uhrmann.

13. Birthplace Unknown. Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown. Unknown.

15. Birthplace Unknown. Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martin Uhrmann

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7th, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director NIEBURG & VIT Inc. by H. Hill

(b) Address Washington, Mo. 270

19. (a) Feb. 5-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin.
(c) City or town Washington.
(If outside city or town limits, write "RURAL")
(d) Street No. 321 Hancock St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 yrs. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th
year 1940. hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 21, 1937, to Feb. 4, 1940, 1940;
that I last saw him alive on 2-4-1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days

Due to _____
Due to _____

Other conditions Mitral Heart Disease 2 1/2 Yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Manner of injury _____

23. Signature [Signature] (M. D. number) _____
Address Washington, Mo Date signed 2-5-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Lester H. Vitt, Registered Apprentice No. _____
working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.